

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | M-F      |        |          |
| O.I.P.E. CLASSIFIER       | SNR      | 32     | 1/30/01  |
| FORMALITY REVIEW          | CHS      | 535    | 05-09-01 |
| RESPONSE FORMALITY REVIEW | HES      | 1091   | 8-24-01  |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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